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APPLICANTS MRC

Stanko Bodnar, Whitehouse Station, NJ;

Gerard H. Llanos, Stewartsville, NJ;

Mark B. Roller, North Brunswick, NJ; Angelo Scopelianos, Whitehouse Station, NJ;

**** CONTINUING DATA ***** MRC**

This application is a CIP of 09/675,882 09/29/2000 ABN
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**** FOREIGN APPLICATIONS ***** MRC**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Morgan Chalif</i> Examiner's Signature	<i>MRC</i> Initials	NJ	19	40	2

ADDRESS

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PHILIP S. JOHNSON
JOHNSON & JOHNSON
ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK , NJ
08933-7003

TITLE

Coated medical devices and sterilization thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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